

RECEIVED

2007 MAR 26 A 11:02

JARA P. HACKETT, CLERK  
U.S. DISTRICT COURT  
MIDDLE DISTRICT ALA

MR. Coogler

CASE # 2:05-CR-0258-LSC

USM # 11838-002

Defendant Jason Jernigan

USP Atlanta PO Box 150160

Atlanta Georgia 30315

Thank you for taking time to hear from me. you sentenced me to 18 months in the B.O.P. In that time I have already served I'm SHOT FREE, NOW I have 7 months and 1 WEEK to go, 5½ months if I was to Receive half way house. Now the reason I'm writing you is to SEE if you will court order me time in the half way house or if you will court order me some home confinement. I have checked in to Both here at U.S.P. Atlanta and was told that since I'm Disabled that I could and would not receive any half way or home confinement, If I do not get my half way house it will take me a while once I get to the streets in order to Restart my disability Benefits. It is in right Just to Release me back to the Free world with out a way to take care of myself or my family I FEEL like I'm being discriminated against, also I FEEL like my constitutional rights have and are being directly Violated. Even the B.O.P. has found me disabled and I'm sending you proof of that with this letter SIR I made a mistake I'm paying for that mistake, but I FEEL that I should atleast get what I'm suppose to get. I'm doing my part By BEING SHOT FREE and programming, I have already Taken Parenting I'm now taking a Anger Management course. Please do what you can for me

THANK  
you

Jason Jernigan.

**UNITED STATES PENITENTIARY  
ATLANTA, GEORGIA**

**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED

INMATE'S NAME: Jernigan, JasonUNIT: A1DATE: 2/1/07DETAIL: ISITAGEREG. NO. 11838002

For Medical purposes, the Inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

**MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)**

☐ ( ) IDLE: Reason \_\_\_\_\_

☒ ( ) CONVALESCENCE: List any restricted activity for medical reasons. \_\_\_\_\_ THRU 12 MIDNIGHT \_\_\_\_\_ 20 \_\_\_\_\_

☐ ( ) RESTRICTED DUTY: Specify exact restriction and reason. \_\_\_\_\_ THRU 12 MIDNIGHT \_\_\_\_\_ 20 \_\_\_\_\_

☒ ( ) TOTALLY DISABLED: Medical 20 to asthma THRU 12 MIDNIGHT \_\_\_\_\_ 20 \_\_\_\_\_

☐ ( ) FULL DUTY: exacerbation severe 8/07 THRU 12 MIDNIGHT \_\_\_\_\_ 20 \_\_\_\_\_

CDR Tappin, LDCR  
NP-BC  
USPFC Atlanta  
Physician or Physician Assistant

**DEFINITIONS AND INSTRUCTIONS**

**IDLE STATUS** - Temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.

**CONVALESCENT STATUS** - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excluded from work and may not participate in any recreational activities outside the unit.

**RESTRICTED DUTY** - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

**TOTALLY DISABLED** - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

**FULL DUTY** - No work restrictions because of physical, medical or mental disability.

WHITE - FILE COPY

CANARY - MEDICAL RECORDS

BLUE - DETAIL SUPERVISOR

PINK - UNIT OFFICER